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Peer Review

Review of: "Conscientious Objection to Enforcing Living Wills: A Conflict Between Beneficence and Autonomy and a Solution From Indian Philosophy"

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Reviewer Response

This case report explores an ethically complex and culturally nuanced dilemma involving conscientious objection to enforcing living wills in the Indian healthcare context. By integrating clinical bioethics with philosophical concepts derived from Indic traditions, the manuscript presents a novel interdisciplinary perspective on balancing autonomy, beneficence, and nonmaleficence. The topic is highly relevant given the increasing recognition of advance directives globally and the persistent challenges of conscientious objection in end-of-life care. The manuscript is intellectually engaging and contributes meaningfully to discussions on culturally contextualized bioethics. However, several conceptual and methodological aspects require clarification and refinement to strengthen academic rigor and balance.

Strengths

Novel Ethical Perspective

The integration of Indian philosophical concepts such as *ahimsa*, *raja dharma*, and *swadharma* provides a culturally grounded framework for addressing ethical conflicts in medical decision-making. This represents an innovative contribution to global bioethics discourse.

Clinical and Legal Relevance

The discussion is well contextualized within the legal framework of advance directives in India, particularly referencing the Common Cause judgment. The case scenario effectively illustrates real-world challenges faced during public health emergencies.

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Interdisciplinary Approach

The manuscript successfully bridges medicine, law, ethics, and philosophy, which enhances its conceptual depth and academic value.

Educational Value

The case provides useful insights for clinicians, ethicists, and healthcare administrators dealing with conscientious objection and end-of-life decision-making.

Major Concerns

1. Case Report Structure and Evidence Strength

Although presented as a case report, the manuscript is heavily theoretical, with limited clinical detail about the patient's condition, clinical decision-making process, and outcome measures. Additional clinical context would improve transparency and strengthen the practical relevance of the case.

2. Generalizability of Philosophical Framework

The proposed ethical resolution relies primarily on Indic philosophical traditions. While culturally meaningful, the manuscript should address how this framework applies to physicians of different religious or philosophical backgrounds within multicultural healthcare systems.

3. Balance Between Ethical Argument and Advocacy

Some sections appear to advocate prioritizing patient autonomy through philosophical justification rather than maintaining analytical neutrality. The discussion would benefit from acknowledging potential counterarguments, including moral distress among clinicians and institutional responsibilities in managing conscientious objection.

4. Clarification of Institutional Responsibilities

The manuscript states that hospitals are responsible for ensuring enforcement of living wills but does not sufficiently discuss operational strategies, legal liabilities, or policy frameworks for managing conscientious objection in resource-limited or emergency settings.

Minor Concerns

The manuscript would benefit from clearer differentiation between ethical interpretation and legal obligation.

Several philosophical discussions are lengthy and could be condensed to improve readability.

The conclusion could more clearly summarize practical recommendations for healthcare institutions.

Additional international bioethical comparisons would enhance global relevance.

Declarations

Potential competing interests: No potential competing interests to declare.